



This form is required when students wish to register for special graduate courses and requires the approval of the Advisor, the Associate Head, Graduate (or designate) and the course instructor. Such courses include Applied Behavioural Analysis Area Practica (PSYC 7220 – 7250), Problems in Psychological Research (PSYC 7700-7770), and Supervised Field Study in Behavior Modification (PSYC 8280 or 8290).

Student Name: _____

Student Number: _____

Instructor Name: _____

Completion Date: _____

(Normally last day of classes for registered term)

PSYC Course #	Aurora CRN	Course Name	Term F/W/S	Credit Hours	*Course Class.

*Course Classification – Standard or AuXillary or Occasional or Audit

Attach a syllabus conforming to ROASS requirements and provide the information below:

- a) Average weekly time commitment by student (staff member must specify a minimum contact time) _____
- b) Average weekly time commitment by staff member _____
- c) Average weekly time commitment by research assistant or staff member's delegate _____
- d) Evaluation procedures to be used and relative weighting of each portion for determination of final grade

	Check if applicable	Weighting %
1) Contact with instructor		
a) attendance	_____	_____
b) participation	_____	_____
2) Research Proposal	_____	_____
3) Data Collection	_____	_____
4) Data Analysis	_____	_____
5) Final Paper	_____	_____
6) Other (specify)	_____	_____

Student's advisor must provide rationale (please attach) if the course is to be designated as ancillary.

Signatures:

Student: _____

Date: _____

Instructor: _____

Date: _____

Advisor (if different from instructor): _____

Date: _____

Associate Head (Graduate): _____

Date: _____

cc: Instructor, Advisor, Student, Student file (PGO)